

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/558525

FILING DATE

11-28-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19			2			
20		1				
21			1	-		
22			1	-		
23			1	-		
24			1	-		
25			1	-		
26			1	-		
27			1	-		
28			1	-		
29			1	-		
30			1	-		
31			1	-		
32			1	-		
33			1	-		
34			1	-		
35			1	-		
36			1	-		
37			1	-		
38			1	-		
39			1	-		
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			19			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						